

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

09/762006

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date	
Final	Original	
1	✓	1/2
2	✓	1/2
3		1/2
4		1/2
5		1/2
6		1/2
7		1/2
8		1/2
9		1/2
10		1/2
11		1/2
12		1/2
13		1/2
14		1/2
15	✓	1/2
16	✓	1/2
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28		1/2
29	✓	1/2
30	✓	1/2
31		1/2
32	✓	1/2
33	✓	1/2
34	✓	1/2
35	✓	1/2
36		1/2
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39		1/2
40		1/2
41		1/2
42		1/2
43	✓	1/2
44	✓	1/2
45	✓	1/2
46		1/2
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48		1/2
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50		1/2

Claim	Date	
Final	Original	
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Claim	Date	
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If more than 150 claims or 10 actions  
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